

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

042

1000

775

63-023272

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUL 1 1963

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	
Length of stay in 1b <b>30 yrs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>713 Hamburg Ave.</b>		d. STREET ADDRESS (If outside, give location) <b>713 Hamburg Ave.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>FRANCIS JAMES CHANCEY</b>			4. DATE OF DEATH Month <b>June</b> Day <b>21</b> Year <b>1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/3/1898</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cigar Store</b>		11. BIRTHPLACE (City and state or country) <b>West Plains Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>U S A</b>		13a. FATHER'S NAME <b>John Chancey</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Payne</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Nora Chancey</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Mrs. Nora Chancey</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Branchyenic Carcinoma Left Lung</b> DUE TO (b) <b>4 mo 18 days</b> DUE TO (c) <b>INTERVAL BETWEEN ONSET AND DEATH</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>7:00 A</b> Month, Day, Year <b>6-21-63</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>St. Joseph, Mo.</b>		COUNTY <b>Buchanan</b>		STATE <b>Missouri</b>	
21. I attended the deceased from <b>2-3-63</b> to <b>6-21-63</b> and last saw him alive on <b>6-3-63</b> Death occurred at <b>7:00 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>H. C. [Signature]</b>		22b. ADDRESS <b>223 N 7th St. Joseph, Mo.</b>		22c. DATE SIGNED <b>6-25-63</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem. &amp; Burial</b>		23b. DATE <b>6/24/63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Home Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Tarkio</b>		STATE <b>Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>June 26, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Mr. Clark Woodell</b>		27. EMBALMER'S SIGNATURE <b>James J. [Signature]</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
1 5117  
2 5117  
3  
4 0  
5 1  
6  
7 0  
8 2  
9 162.1  
10  
11  
12 90.0  
13 10

STATE OF MISSISSIPPI

Serial 6-21-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.